TITLE: Evaluation of VA End-of-Life Initiative

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Objectives: This project addresses the basic question: What is the state of VA hospice care in the baseline year before the start of a \$150 million (or more) initiative to expand and improve the program? To answer this question, this study will meet two primary objectives: 1) Update the 1998 Report to Congress on VA hospice, which presented basic descriptive data on the numbers of VA patients receiving such care through VA, their families' satisfaction with the care, and estimates of the costs of the mandated hospice teams at that time; and 2) Measure the status of VA hospice and palliative care as of 2008 to serve as a baseline for evaluating the initiative in 2010 or beyond. Our basic hypotheses are that VA hospice care has expanded over the past 10 years, but hospice care for VA patients through the Medicare program has expanded faster.

Research Design: This study will be retrospective and observational in design. We will use VA patient care databases and Medicare claims data to provide counts of patients receiving hospice or palliative care nationally and by VISN for the years 1999 through 2005 or beyond (for VA data – through 2008). We will supplement our descriptive analyses with aggregate program data from annual reports submitted to VACO and will use family survey data collected as part of the initiative to explore possible correlations between the structures of the programs and family satisfaction with the process of hospice and bereavement services.

Methodology: We will use both descriptive and multivariate statistical methods to provide baseline information for a future evaluation. Our objectives will be met through 3 tasks as follows:

- 1. Compile information from administrative reports and directives to describe and categorize hospice programs nationally.
- 2. Conduct analyses to establish baseline information and trends with respect to veterans' demographics and coverage for hospice care
- 3. Conduct survival analyses to provide background information about targeting hospice performance measures for veterans who die inpatient in VA.

Findings: None at this time.

Clinical Relationships: This evaluation concerns a major clinical initiative that will expand hospice inpatient units, clinical staffing, staff education and family satisfaction measurement.

Impact/Significance: This project will provide the national director of hospice and palliative care with information that can be used to evaluate his national initiative to improve these VA services.